



Illinois Terrorism Task Force

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3691-761-1

Family Communications Plan





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Family Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.

Out-of-State Contact Name: _____

Email: _____

Telephone Number: _____

Telephone Number: _____

Fill out the following information for each family member and keep it up to date.

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Name: _____

Date of Birth: _____

Social Security Number: _____

Important Medical Information: _____

Social Security Number: _____

Important Medical Information: _____

Social Security Number: _____

Important Medical Information: _____

Social Security Number: _____

Important Medical Information: _____

Social Security Number: _____

Important Medical Information: _____

Where to go in an emergency. Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans.

Home

Address: _____

Phone Number: _____

Neighborhood Meeting Place: _____

Regional Meeting Place: _____

Work

Address: _____

Phone Number: _____

Evacuation Location: _____

School

Address: _____

Phone Number: _____

Evacuation Location: _____

Work

Address: _____

Phone Number: _____

Evacuation Location: _____

School

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent:

Address: _____

Phone Number: _____

Evacuation Location: _____

School

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent:

Address: _____

Phone Number: _____

Evacuation Location: _____

Every family member should
carry a copy of this important
information:

Family Communications Plan

Contact Name: _____

Telephone: _____

Out-of-State Contact Name: _____

Telephone: _____

Neighborhood Meeting Place: _____

Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!

Family Communications Plan

Contact Name: _____

Telephone: _____

Out-of-State Contact Name: _____

Telephone: _____

Neighborhood Meeting Place: _____

Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!

Family Communications Plan

Contact Name: _____

Telephone: _____

Out-of-State Contact Name: _____

Telephone: _____

Neighborhood Meeting Place: _____

Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!

Other Important Phone Numbers & Information:

Other Important Phone Numbers & Information:

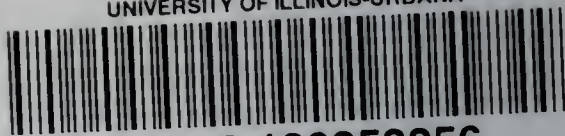
Other Important Phone Numbers & Information:

Important Information	Name	Telephone #	Policy #
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Other useful phone numbers: 9-1-1 for emergencies. Police Non-Emergency Phone #: _____

Fire Non-Emergency Phone #: _____

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